Region 3 Healthcare Coalition Project Submission Form 2020-2021

NCFHCC: North Central Florida HealthCare Coalition

Project Title		
Requesting Agency		Are you a member of the Healthcare Coalition? Yes No

Point of Contact Contact information for project lead	**Name**	
	Organization Address	
	Phone Number	
	E-mail Address	

4 Project Types Check appropriate category **AND** **5 Specialty Surge Areas** Check the appropriate option if this project aligns with medical surge/trauma mass casualty in these specialty areas. Descriptions are attached.	☐ **Training/Education** ☐ **Supplies/Equipment** ☐ **Exercise** ☐ **Other** (provide details under Project Description)	☐ **Pediatric Surge** ☐ **Burn** ☐ **Infectious Disease** ☐ **Radiation** ☐ **Chemical**
2017-2022 Health Care Preparedness & Response Capabilities Which capability does your project address? Descriptions of each capability are attached. You may choose more than one, if applicable.	☐ **Foundation for Health & Medical Readiness** ☐ **Health Care & Medical Response Coordination** ☐ **Continuity of Health Care Service Delivery** ☐ **Medical Surge**	
Funding Requested Provide total amount requested and attach an itemized budget	**$**	
Identified Gap: Provide description of the gap and how it was identified e.g. lessons learned and documented in an After Action Report-Improvement Plan following an exercise or real-world event activation.		

Project Description & Details	
Provide a detailed description and justification for the project	
What will be purchased?	
How does it fill the above identified gap?	
How will it benefit the specialty surge areas above, if applicable?	
How does it address 1 or more of the Healthcare Capabilities selected above?	

Additional Information: Provide other information, as needed, for the review committee.	
Letters of Support: List County EM & ESF 8 Partners providing Letters of Support. Attach Letters	

Regional Benefit	
Describe how filling the gap with this project will benefit the regional healthcare system.	
Describe efforts to gain support from local/county EM and healthcare partners.	

Timeframe to complete each phase of the project.	
Provide estimated timeframe for your agency to complete each phase of the process after receiving notification of funding.	
MOA Approval & Signature	
Project Procurement	
Gather Documentation & Submit Reimbursement Request	

Local Government Partners ONLY	
The NEFRC is aware of county purchasing challenges and will assist, when possible, with the purchasing process.	
Please describe the assistance needed from the NEFRC to complete your purchases.	

2017 – 2022 Health Care Preparedness and Response Capabilities

These four capabilities were developed based on guidance provided in the *2012 Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* document. They support and cascade from guidance documented in the *National Response Framework*, *National Preparedness Goal*, and the *National Health Security Strategy* to build community health resilience and integrate health care organizations, emergency management organizations, and public health agencies.

Capability 1: Foundation for Health Care and Medical Readiness

Goal of Capability 1: The community's₅ health care organizations and other stakeholders—coordinated through a sustainable Health Care Coalition —have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Capability 2: Health Care and Medical Response Coordination

Goal of Capability 2: Health care organizations, the Health Care Coalition, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Capability 3: Continuity of Health Care Service Delivery

Goal of Capability 3: Health care organizations, with support from the Health Care Coalitions and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Capability 4: Medical Surge

Goal of Capability 4: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The Health Care Coalition (HCC), in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

2019 HPP Requirements for Healthcare Coalition to address in Specialty Medical Surge Areas

Coalition planning should include the following core elements for general medical surge:

- Indicators/triggers and alerting/notifications of a specialty event

- Initial coordination mechanism and information gathering to determine impact and specialty needs

- Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources)

- Access to subject matter experts – local, regional, and national

- Prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility)

- Relevant baseline or just-in-time training to support specialty care

- Evaluation and exercise plan for the specialty function

Additional specialty areas should address:

Pediatric – in addition to the above consider:

- Local risks for pediatric-specific mass casualty events (e.g., schools, transportation accidents)

- Age-appropriate medical supplies

- Mental health and age-appropriate support resources

- Pediatric/Neonatal Intensive Care Unit (NICU) evacuation resources and coalition plan

- Coordination mechanisms with dedicated children's hospital(s)

Burn – in addition to the above consider:

- Local risks for mass burn events (e.g., pipelines, industrial, terrorist, transportation accidents)

- Burn-specific medical supplies

- Coordination mechanisms with American Burn Association (ABA) centers/region

- Incorporation of critical care air/ground assets suitable for burn patient transfer

Infectious disease – in addition to the above consider:

- Expanding existing Ebola concept of operations plans (CONOPs) to enhance preparedness and response for all novel/high consequence infectious diseases

- Developing coalition-level anthrax response plans

- Developing coalition-level pandemic response plans

- Including healthcare-associated infection (HAI) professionals at the health care facility and jurisdictional levels in planning, training, and exercises/drills

- Developing a continuous screening process for acute care patients and integrate information with electronic health records (EHRs) where possible in HCC member facilities and organizations

- Coordinating visitor policies for infectious disease emergencies at member facilities to ensure uniformity

- Coordinating MCM distribution and use by health care facilities for prophylaxis and acute patient treatment

- Developing and exercising plans to coordinate patient distribution for highly pathogenic respiratory viruses and other highly transmissible infections, including complicated and critically ill infectious disease patients, when tertiary care facilities or designated facilities are not available

Radiation – in addition to the above consider:

- Local risks for radiation mass casualty events (e.g., power plant, industrial/research, radiological dispersal device, nuclear detonation)

- Detection and dosimetry equipment for EMS/hospitals

- Decontamination protocols

- On-scene triage/screening, assembly center, and community reception center activities

- Treatment protocols/information

- Coordination mechanisms with hematology/oncology centers and Radiation Injury Treatment Network (RITN)

Chemical – in addition to the above consider:

- Determine risks for community chemical events (e.g., industrial, terrorist, transportation-related)

- Decontamination assets and throughput (pre-hospital and hospital) including capacity for dry decontamination

- Determine EMS and hospital PPE for HAZMAT events

- Review and update Chempack (and/or other chemical countermeasure) mobilization and distribution plan

- Coordinate training for their members on the provision of wet and dry decontamination and screening to differentiate exposed from unexposed patients

- Ensure involvement and coordination with regional HAZMAT resources (where available) including EMS, fire service, health care organizations, and public health agencies (for public messaging) Develop plans for a community reception center with public health partners

ASPR Funding Restrictions

(from ASPR Funding Opportunity Announcement)

Restrictions, which apply to both awardees and their sub awardees, must be taken into account while writing the budget. Restrictions are as follows:

- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or $181,500 per year.
- Recipients cannot use funds for fund raising activities or lobbying.
- Recipients cannot use funds for research.
- Recipients cannot use funds for construction or major renovations.
- Recipients cannot use funds for clinical care.
- Recipients cannot use funds for reimbursement of pre-award costs.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- The direct and primary recipient must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients cannot use funds for payment or reimbursement of backfilling cost for staff, including healthcare personnel for training and exercises.
- Recipients cannot use funds to support stand-alone, single-facility trainings or exercises.
- Recipients cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.